

**APPEAL TRANSMITTAL SHEET**

**Case Number:** BK AP

If AP, related BK case number:

**Title of Order Appealed:**

**Docket #:** **Date Entered:**

Item Transmitted:

<b>Notice of Appeal</b>	<b>Docket #:</b>	<b>Date Filed:</b>
<b>Amended Notice of Appeal</b>	<b>Docket #:</b>	<b>Date Filed:</b>
<b>Cross Appeal</b>	<b>Docket #:</b>	<b>Date Filed:</b>
<b>Motion for Leave to Appeal</b>	<b>Docket #:</b>	<b>Date Filed:</b>
<b>Request for Certification of Direct Appeal</b>	<b>Docket #:</b>	<b>Date Filed:</b>

**Appellant/Cross Appellant:**

**Appellee/Cross Appellee**

**Counsel for Appellant/Cross Appellant:**

**Counsel for Appellee/Cross Appellee:**

<b>Filing fee paid?</b>	<b>Yes</b>	<b>No</b>
<b>IFP application filed by applicant?</b>	<b>Yes</b>	<b>No</b>
<b>Have additional appeals of the same order been filed?</b>	<b>Yes</b>	<b>No</b>
<b>*If Yes, has District Court assigned a Civil Action Number?</b>	<b>Yes</b>	<b>No</b>
<b>Civil Action Number:</b>		

*(continued on next page)*

**Notes:**

***I hereby certify that all designated items are available electronically through CM/ECF.***

**Date:** \_\_\_\_\_ **by:** \_\_\_\_\_  
**Deputy Clerk**

Bankruptcy Court Appeal (BAP) Number: